Louisiana Regional HIV/AIDS Surveillance Report

Characteristics and Trends of Reported HIV and AIDS Cases

2001



Region I: New Orleans Region Supplement - Region I, Excluding Orleans Parish

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TABLE OF CONTENTS

Sumn	nary	3
I.	Statewide Data	4
	Public Health Regions	4
	Persons Living with HIV/AIDS (1993-2001)	4
	HIV/AIDS Case Trends (1993-2001)	5
	Trends in Exposure Categories (1993-2001)	5
	HIV/AIDS Cases and Case Rates by Parish	6
II.	HIV Detection	7
	HIV/AIDS Detection by Region (2001)	7
	HIV/AIDS Cases by Region and Exposure (2001)	7
	Demographics of Persons with HIV in 2001	8
	HIV/AIDS Case Trends (1993-2001)	9
	HIV/AIDS Cases by Parish (2001)	
	HIV /AIDS Rates by Ethnicity (1993-2001)	
	HIV/AIDS Cases by Ethnicity and Gender (2001)	10
	Proportion of HIV/AIDS Cases in Women (1993-2001)	11
	Trends in HIV/AIDS Rates by Age (1993-2001)	
	HIV/AIDS Cases by Exposure Categories (2001)	12
	Adjusted Trends in Exposure Categories (1993-2001)	
	Proportion of HIV/AIDS Cases Detected in Region I (2001)	
	HIV/AIDS Cases by Facility Type (2001)	
III.	AIDS Trends	14
	Demographics of Incident and Cumulative AIDS Cases	14
	AIDS Case Trends (1993-2001)	
	Deaths Among Persons Diagnosed with AIDS (1993-2001)	
IV.	Perinatal Data	16
	Trends in Perinatal Transmission Rates (1993-2000)	16
	ZDV (AZT) Use in HIV+ Women Giving Birth (1993-2001)	
Techr	nical Notes	17

Regional Epidemiologic Profile

Region I: New Orleans Region Supplement - Region I, Excluding Orleans Parish

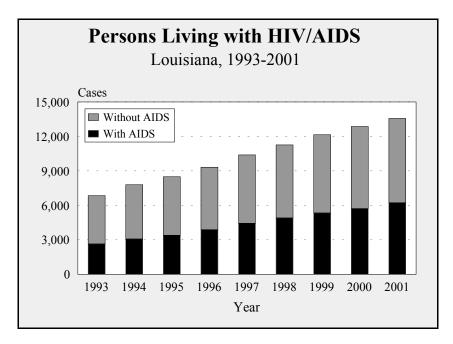
This profile summarizes the status of the HIV/AIDS epidemic in the Region I– excluding Orleans parish for cases diagnosed through 2001 and reported through May, 2002. Please refer to the technical notes (page 17) for information on the interpretation of HIV data.

The following are highlights of this year's report for Region I - excluding Orleans parish:

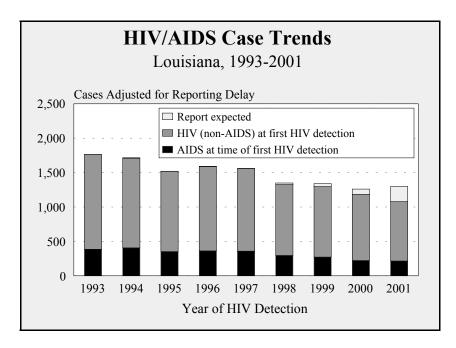
- In 2001, the New Orleans Region had the highest number of newly-diagnosed cases and the second highest HIV/AIDS case rate in the state (41 cases out of every 100,000 persons). The only region with a higher HIV/AIDS case rate is the Baton Rouge Region. The Orleans parish HIV/AIDS case rate was 66 cases out of every 100,000 persons. By contrast, the HIV/AIDS case rate for Region I-excluding Orleans parish was relatively low, only 21 out of every 100,000 cases.
- Through 2001, the cumulative number of persons detected and reported with HIV infection was 2,041 in Region I-excluding Orleans parish. Also through 2001, 1,345 persons have been diagnosed with AIDS. In 2001 alone, 101 new cases of HIV infection were detected and 72 new AIDS cases were diagnosed.
- By the end of 2001, there were 1,210 persons living with HIV/AIDS in Region I-excluding Orleans parish. The number of persons living with HIV/AIDS continues to increase each year.
- Deaths among persons diagnosed with AIDS have decreased dramatically since 1995; however, since 1999, the number of deaths has increased.
- In 2001, 65% of the newly diagnosed HIV/AIDS cases in Region I-excluding Orleans parish were African-American. Consistent with all 9 regions in the state, African-American men have the highest HIV/AIDS rate in Region I. Ninety-eight out of every 100,000 African-American men in Region I-excluding Orleans parish were diagnosed with HIV/AIDS in 2001.
- Women continue to represent an increasing proportion of newly-detected HIV/AIDS cases statewide.
 In Region I-excluding Orleans parish, the proportion of HIV/AIDS cases in women has risen from 2000 to 2001. In 2001, 36% of the newly-diagnosed cases in Region I-excluding Orleans parish were among women, up from 31% in 2000.
- Although the number of new HIV/AIDS cases attributed to men who have sex with men (MSM) has been decreasing throughout the state, the epidemic in MSM remains the largest of all transmission groups in Louisiana. Statewide in 2001, 43% of all cases with a specified risk for exposure were attributed to MSM exposure; in Region I-excluding Orleans parish 53% of all newly-diagnosed HIV/AIDS cases, for which a risk was specified, occurred among MSM.
- Statewide, 151 HIV-infected women gave birth in 2001, 64 of these women resided in Region I. Although the number of women living with HIV in Louisiana has risen, perinatal transmission rates have dropped dramatically statewide from over 25% in 1993 to 5% in 2000.

As the HIV/AIDS epidemic continues in persons at high risk and expands in persons who may not recognize their risk (e.g. women, sexual partners of persons at high risk), health care providers can play an important role in preventing HIV/AIDS. Physicians, nurses, and other health care workers should talk to every patient about his/her sexual behavior and recommend specific steps to decrease risky behavior, including reducing the number of sexual partners and using condoms routinely. As AIDS is still an incurable disease, the few minutes spent in this counseling can save more lives than all medical interventions that are available.

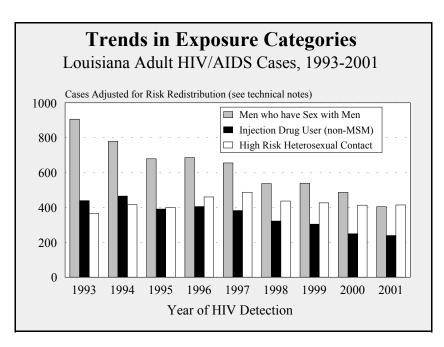
Public Health Regions						
Region	<u>Area</u>	<u>Parishes</u>				
I	New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard				
II	Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Ponte Coupee, West Baton Rouge, West Feliciana				
III Houma		Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebone				
IV	Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermillion				
V	Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis				
VI Alexandria		Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn				
VII	Shreveport	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster				
VIII	Monroe	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita,				
IX Hammond/Slidell		Richland, Tensas, Union, West Carroll Livingston, St. Helena, St. Tammany, Tangipahoa, Washington				



• The number of persons living with HIV continues to increase each year. At the end of 2001, 13,565 persons were known to be living with HIV/AIDS in Louisiana, of whom 6,236 (46%) had progressed to AIDS. This trend is largely due to the introduction of effective drug treatment and therapies, which delay the progression from HIV to AIDS and AIDS to death.



- In 2001, 1,078 new HIV/AIDS cases were detected statewide. Since 1993, the number of newly-detected HIV/AIDS cases has decreased by over a third, from 1,766 cases detected in 1993 to 1,078 cases detected in 2001.
- Of the newly detected cases in 2001, 22% were diagnosed with AIDS at the time of first HIV-detection.



- The largest proportion of cases detected in 2001 (38%) were attributed to heterosexual contact, after adjusting for unreported risk.
- Cases among MSM, including MSM/IDU accounted for 37% of all cases detected in 2001; however nearly half of all persons living with HIV in Louisiana (48%) may have been exposed to the virus through male-male sexual contact.

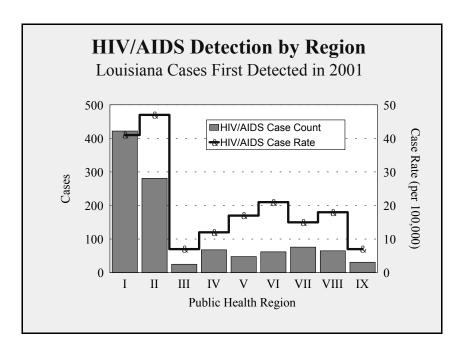
Louisiana HIV/AIDS Cases and Case Rates by Parish									
	AIDS	HIV/AIDS		Cum		AIDS	HIV /AIDS	HIV/AIDS	Cum
		Detected in	Detection	HIV/AIDS			Detected in	Detection	HIV/AIDS
PARISH	2001	2001	Rate, 2001 ^b	Cases ^c	PARISH	2001	2001	Rate, 2001 ^b	Cases ^c
Statewide	858	1,078	24	21,584	Region VI	35	62	21	881
					Avoyelles	6	10	24	193
Region I	343	422	41	10,604	Catahoula	2	4	n/a	22
Jefferson	68	93	20	1,844	Concordia	2	3	n/a	43
Orleans	271	321	66	8,563	Grant	3	6	32	30
Plaquemines	0	2	n/a	42	La Salle	0	1	n/a	7
St. Bernard	4	6	9	155	Rapides	17	33	26	444
					Vernon	2	3	n/a	72
Region II	237	281	47	4,228	Winn	3	2	n/a	70
Ascension	9	14	18	148					
East Baton Rouge	185	230	56	3,371	Region VII	56	76	15	1,285
East Feliciana	10	9	42	117	Bienville	0	2	n/a	18
Iberville	14	15	45	231	Bossier	6	6	6	132
Pointe Coupee	5	3	n/a	59	Caddo	34	53	21	885
West Baton Rouge	4	6	28	115	Claiborne	6	2	n/a	58
West Feliciana	10	4	n/a	187	De Soto	4	6	24	34
					Natchitoches	2	4	n/a	80
Region III	27	25	7	644	Red River	0	0	n/a	9
Assumption	0	0	n/a	29	Sabine	1	1	n/a	23
LaFourche	4	3	n/a	101	Webster	3	2	n/a	46
St. Charles	2	2	n/a	92					
St. James	3	0	n/a	57	Region VIII	51	65	18	946
St. John the Baptist	2	3	n/a	84	Caldwell	1	1	n/a	16
St. Mary	3	4	n/a	94	East Carroll	5	9	96	36
Terrebone	13	13	12	187	Franklin	0	0	n/a	22
					Jackson	1	0	n/a	16
Region IV	49	68	12	1,281	Lincoln	1	1	n/a	67
Acadia	8	9	15	104	Madison	4	7	51	63
Evangeline	3	4	n/a	46	Morehouse	3	1	n/a	60
Iberia	6	9	12	109	Ouachita	30	35	24	534
Lafayette	14	20	10	639	Richland	4	7	33	52
St. Landry	14	14	16	211	Tensas	1	2	n/a	29
St. Martin	2	8	16	87	Union	1	0	n/a	33
Vermilion	2	4	n/a	85	West Carroll	0	2	n/a	18
Region V	34	48	17	859	Region IX	26	31	7	856
Allen	4	2	n/a	141	Livingston	4	7	8	123
Beauregard	3	3	n/a	60	St. Helena	0	0	n/a	10
Calcasieu	23	39	21	595	St. Tammany	9	10	5	353
Cameron	1	1	n/a	8	Tangipahoa	6	10	10	190
Jefferson Davis	3	3	n/a	55	Washington	7	4	n/a	180

Jefferson Davis 3 3 n/a 55 Washington 7 4 n/a 180 a DX—Diagnosed with AIDS. AIDS diagnoses will be included in counts of HIV/AIDS detection (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.

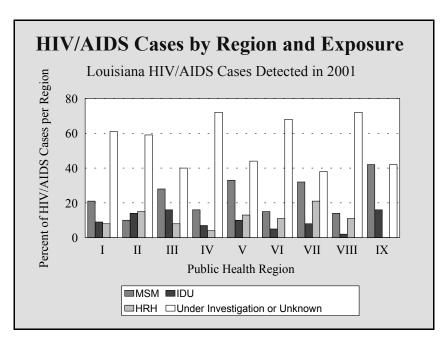
^b Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts.

^c Cumulative HIV/AIDS may be interpreted as minimum number of cases reported in parish.

STATEWIDE



• The New Orleans region had the highest number of HIV/AIDS cases detected in 2001. However, in 2001 as in past years, the Baton Rouge region surpassed the New Orleans region in HIV/AIDS detection rates (number of cases per population in the region).



• In Region I, which is similar to every region of the state except the Baton Rouge region, the largest proportion of newly-detected cases in 2001, with an identified exposure, were attributed to MSM exposure. In the Baton Rouge region, both injection drug use and high-risk heterosexual contact accounted for larger percentages of the newly-detected cases than did male-male sexual contact.

REGION I-Excluding Orleans, HIV DATA

Characteristics of HIV-Infected Persons (HIV/AIDS) ^a							
Region I: Excluding Orleans Parish							
Persons with HIV/AIDS First Detected in 2001					Persons Living with HIV/AIDS		
These columns reflect persons with HIV infection							
		is rejieci perso whose positive		•	This column reflects the		
,	'	vnose postitve 1 confidential t	U		minimum number of persons living with HIV/		
		have been dia	0	v	AIDS by the end of 2001.		
		s first detected			This column includes		
		ect new cases o			persons living with AIDS.		
		HIV detection				,	
	State	<u>ewide</u>			luding Orleans		
	Cases	Percent b	Cases	Percent b	Cases	Percent b	
TOTAL	1,078	100%	101	100%	1,210	100%	
	600	C 40 /	C 1	(20/	0.67	720/	
Women	389	30%	37	3/70	343	2870	
Ethnicity							
African-American	796	74%	66		564	47%	
						47%	
						6%	
Unknown	6	1%	0	0%	5	<1%	
Age Group	Age at HIV	Detection					
Under 13	10	1%	2	2%	8	<1%	
13-24	219	20%	23	23%	65	6%	
25-34	285	26%	29	29%	305	25%	
35-44	316	29%	27	27	523	43%	
Over 44	248	23%	20	20%	309	26%	
Exposure Group ^c							
MSM^d	189	43%	24	53%	392	51%	
IDU^d	107	24%	7	16%	129	17%	
MSM and IDU	14	3%	1	2%	60	8%	
HRH ^d	121	27%	11	24%	156	20%	
Trans/Hemo	2	<1%	0	0%	23	3%	
						1%	
Unspecified ^e	635	59%	56	55%	439	36%	
Urban/Rural Parishes							
Urban	929	86%	101	100%	1,210	100%	
Rural	149	14%					
Gender Men Women Ethnicity African-American White Other Unknown Age Group Under 13 13-24 25-34 35-44 Over 44 Exposure Group ^c MSM ^d IDU ^d MSM and IDU HRH ^d Trans/Hemo Perinatal Unspecified ^e Urban/Rural Parishes Urban	689 389 796 243 33 6 Age at HIV 10 219 285 316 248 189 107 14 121 2 10 635	64% 36% 74% 23% 3% 1% Detection 1% 20% 26% 29% 23% 43% 24% 3% 27% <1% 2% 59% 86% 14%	64 37 66 28 7 0 2 23 29 27 20 24 7 1 11 0 2 56	63% 37% 65% 28% 7% 0% 23% 29% 27 20% 53% 16% 24% 0% 4% 55%	867 343 564 567 74 5 8 65 305 523 309 392 129 60 156 23 11 439	72% 28% 47% 47% 6% <1% 6% 25% 43% 26% 51% 17% 8% 20% 3% 1% 36%	

^a HIV data collection started in 1993. Positive results of anonymous tests are not included due to the likelihood of repeated tests.

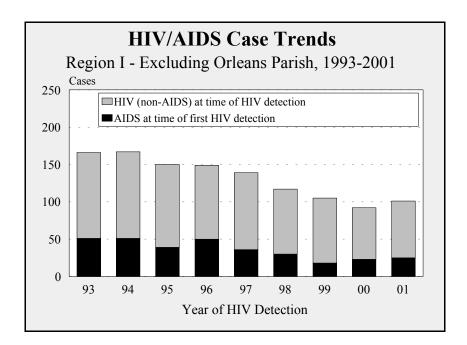
^b Percentages might not add up to 100% due to missing values and rounding errors.

^cPercents for identified exposure groups represent the distribution among those with a specified exposure.

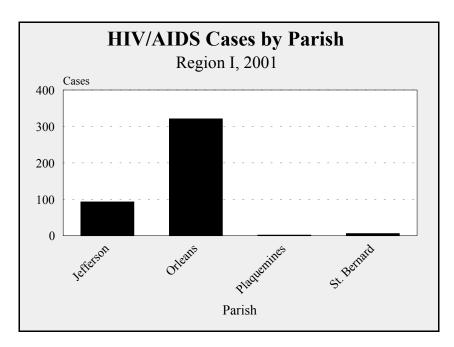
^d MSM: Men who have Sex with Men (non-IDU); IDU: Injection Drug Users; HRH: High Risk Heterosexual.

^eUnspecified Exposure refers to cases whose exposure group is under investigation or unknown.

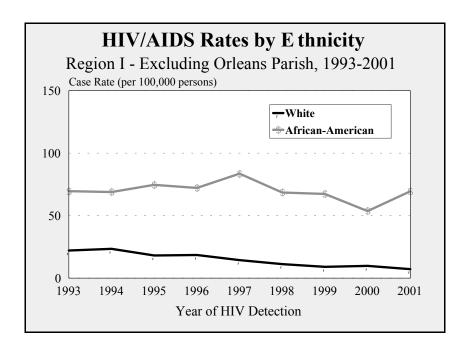
REGION I-Excluding Orleans, HIV DATA



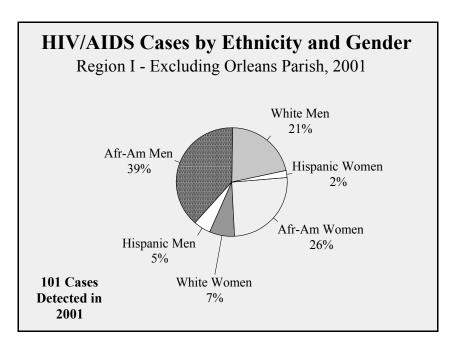
• In 2001, for the first time since 1994, there was an increase in the number of newly-detected cases in Region I-excluding Orleans parish. Of the persons who were detected with HIV in 2001, 25% were diagnosed with AIDS at the time of first HIV detection.



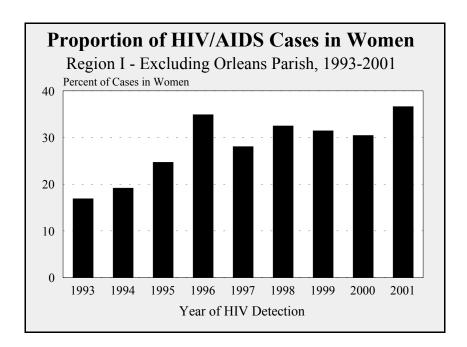
• In Region I, Orleans parish had the highest number of newly-detected cases in 2001. Orleans parish also had the highest number of newly-detected cases of all the parishes in Louisiana in 2001.



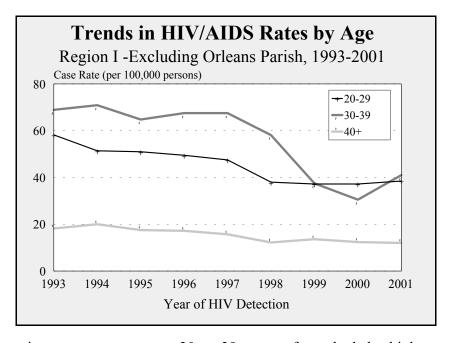
 From 1993 to 2001, rates in African-Americans were consistently higher than rates in whites. In recent years rates have been decreasing in both African-Americans and whites; however, in 2001 there was an increase in the rate of newly-detected cases in African-Americans.



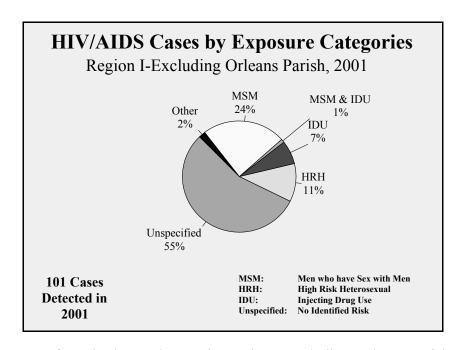
• Thirty-nine percent (39%) of newly-detected cases in 2001 were among African-American men, compared to 21% among white men.



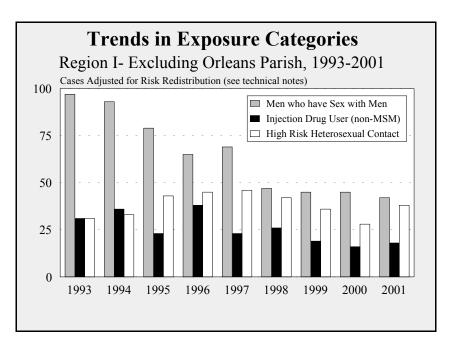
• In 2001, the percentage of newly-detected HIV/AIDS cases reported among women increased in Region I-excluding Orleans parish. In 2001, 37% of new cases in the region were among women.



• In 2001, as in past years, persons 30 to 39 years of age had the highest rate of newly-detected cases. The HIV/AIDS detection rate among this age group had been declining up until 2001. Rates among persons 20 to 29 and 40 years of age and older have remained relatively stable.

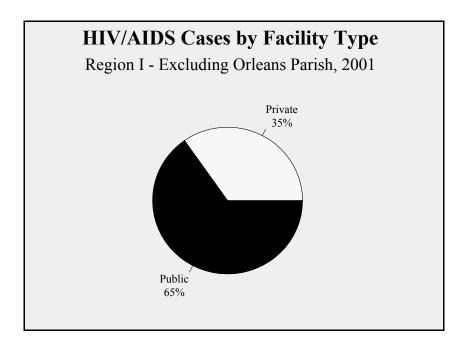


• In 2001, 55% of newly-detected cases in Region I-excluding Orleans parish were reported without any mode of exposure.

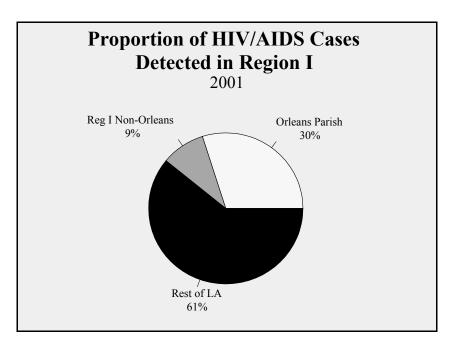


• After adjusting for unreported risk, men who have sex with men is the predominant mode of exposure in Region I-excluding Orleans parish for 2001.

REGION I-Excluding Orleans, HIV DATA



• Sixty-five percent (65%) of the newly-detected cases in Region I-excluding Orleans parish, in 2001, were detected in a public facility.



• Nine percent (9%) of newly-detected cases in 2001 were detected in Region I-excluding Orleans parish.

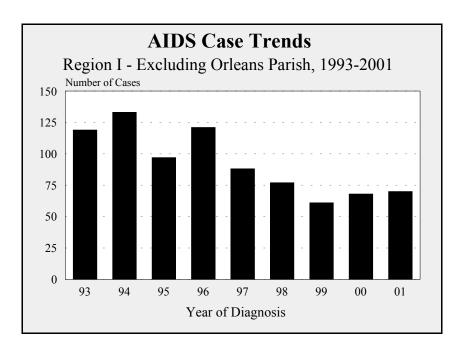
REGION I-Excluding Orleans, AIDS DATA

Characteristics of AIDS Cases							
Region I-Excluding Orleans							
	AIDS Cases Dia		Cumulative AIDS Cases				
TOTAL	Cases	Percent ^a	Cases	Percent ^a			
TOTAL	72	100%	1,345	100%			
Gender							
Men	50	69%	1,127	84%			
Women	22	31%	218	16%			
Age Group							
Under 13	0	0%	9	1%			
13-24	4	6%	69	5%			
25-34	19	26%	549	41%			
35-44	26	36%	473	35%			
45+	23	33%	245	18%			
Ethnicity ^b							
African-American	46	64%	494	37%			
White	20	28%	779	58%			
Hispanic	6	8%	67	5%			
Other	0	0%	5	<1%			
Ethnicity ^b and Gender							
Af-Am Men	27	38%	372	28%			
White Men	19	26%	699	52%			
Hispanic Men	4	6%	52	4%			
Other Men	0	0%	4	<1%			
Af-Am Women	19	26%	122	9%			
White Women	1	1%	80	6%			
Hispanic Women	2	3%	15	1%			
Other Women	0	0%	1	<1%			
Exposure Category ^c							
MSM	22	56%	652	61%			
IDU	9	23%	147	14%			
MSM and IDU	1	3%	97	9%			
HRH	5	13%	125	12%			
Trans/Hemo	2	5%	46	4%			
Perinatal	0	0%	10	1%			
Unspecified	33	46%	268	20%			
Urban/Rural Parishes							
Urban	72	100%	1,345	100%			
Facility Type							
Public	40	54%	774	58%			
Private	32	46%	567	42%			

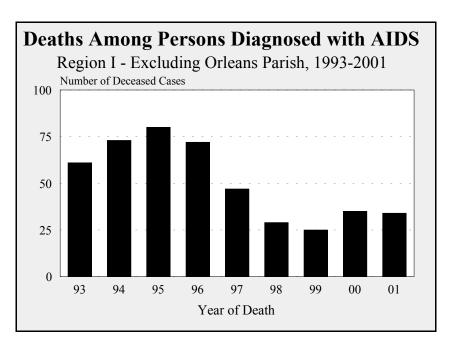
^a Percentages might not add up to 100% due to missing values and rounding errors.

^b Cases and rates by ethnicity do not include cases whose race/ethnicity is unknown.

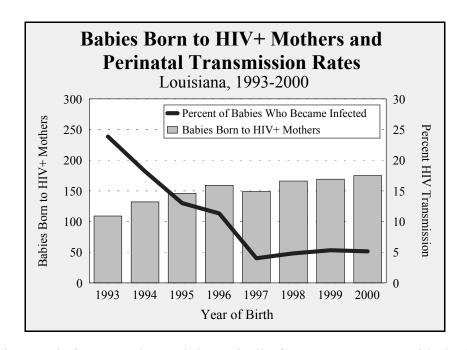
^c MSM = Men who have Sex with Men; IDU = Injection Drug User; HRH = High Risk Heterosexual; Unspecified = Still Under investigation or unknown. See technical notes for further explanation.



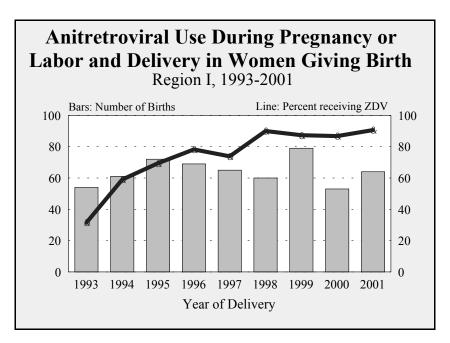
• In Region I-excluding Orleans parish, the number of new AIDS cases increased in 2000 for the first time since 1996.



• In 2001, 34 deaths among persons diagnosed with AIDS occurred in Region I-excluding Orleans parish. Deaths among persons diagnosed with AIDS in Region I represent 37% of AIDS-related deaths statewide.



Perinatal transmission rates dropped dramatically from 1993 to 1997 with the introduction
and widespread use of antiretrovirals during pregnancy, labor, and delivery, and to the baby
after birth. In recent years, the perinatal transmission rates have remained fairly stable.
However, the number of HIV-infected babies will continue to increase as the number of
babies born to HIV-infected mothers rises due to growing numbers of women living with
HIV.



• Statewide, 151 HIV-infected women gave birth in 2001, 64 of these women resided in Region I. While 94% of the HIV-infected women giving birth statewide received AZT in 2001, 90% of the HIV-infected pregnant women in Region I received AZT.

TECHNICAL NOTES

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated much earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Throughout this report, all AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under detected and under reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who <u>only</u> have been tested anonymously.

Therefore, HIV detection data do not necessarily represent characteristics of persons who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases are classified into one of several hierarchical exposure (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV are assigned to the category listed first in the hierarchy. Definitions are as follows:

- Men who have Sex with Men (MSM): Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU)**: Cases who report using drugs that require injection not other route of administration of illicit drug use at any time since 1978.
- **High Risk Heterosexual Contact (HRH)**: Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g. heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant** (**Hemo/Transf**): Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal**: HIV infection in children resulting from transmission from an HIV+ mother to her child.

• Unspecified: Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do <u>not</u> imply that modes of transmission other than sexual, blood, and perinatal are suspected. "Unspecified" cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

Case Definition Changes

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985¹. The 1987 definition² revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded³ to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a CD4⁺ percentage of less than 14. A result of the 1993 definition expansion caused HIV-infected persons to be classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999⁴ to include positive results or reports of detectable quantities of HIV virologic (nonantibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally exposed to HIV has been changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

Adjustment and Estimation Techniques

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, taking into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as "expected" cases. Adjustment programming was developed by CDC (HIV/AIDS Surveillance Report, 1994; 6(2): 37-38).

Recently reported cases, especially HIV (non-AIDS) cases, are more likely to be reported without a specified risk (exposure), thereby causing a distorting decrease among trends in exposure categories. Thus, proportions and graphic representation of trends among risk groups use estimated cases based on risk redistribution. This redistribution is based on preliminary national sex-and race- specific exposure classification distributions of previously unspecified HIV cases in the southern states. These redistribution parameters are similar to those based on national AIDS cases diagnosed prior to 1993 as well as those based on the distribution of specified cases in Louisiana.

¹ MMWR 1985; 34: 373-75.

² MMWR 1987; 36 [Supp no.1S]: 1S-15S.

³ MMWR 1992; 41[RR-17]: 1-19.

⁴ CDC 1999; 48[RR13]; 1-27.